FORM D

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

1207

OMB APPROVAL

OMB NUMBER:

3235-0076 Expires: April 30, 2008

Estimated average burden hours per response .....



| Name of Offering ( check if this is an amendment and name has changed, and   | indicate change.)  |
|--|--|
| Series A Convertible Preferred Stock of nFinanSe Inc.  |  |
| Filing Under (Check box(cs) that apply): Rule 504 Rule 505  Type of Filing: New Filing Amendment                                 | Rule 506 PROCESSED   |
| A. BASIC IDENTIFICA  | ITION DATA   |
| Enter the information requested about the issuer   |  |
| Name of Issuer ( check if this is an amendment and name has changed, and i   | indicate change.) JAN 1 9 2007   |
| nFinanSe Inc.  | <b>/</b> //  |
| Address of Executive Officers (Number and Street, City, State, Zip Cod   | de) Telephone Number (Including Area HOUSON                            |
| 6015 31st Street East, Bradenton, FL 34203   | 941,753.2875 FINANCIAL   |
| Address of Principal Business Operations (Number and Street, City, State, Zip Cod (if different from Executive Offices)          | de) Telephone Number (Including Area Code)                             |
| (II different from Executive Offices)  | _  |
| Brief Description of Business  |  |
| Technology solution and service provider to the financial service industry and pro   | ovider of stored value and prepaid card products.                      |
| Type of Business Organization  | AFGEIVED   |
| ☑ corporation ☐ limited partnership, already formed  | ed   |
| business trust limited partnership, to be formed   | // . a s s onit/ >   |
|  | Actual   Estimated   |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service ab<br>CN for Canada; FN for other foreign j |  |
| GENERAL INSTRUCTIONS   |  |
| Federal:   | V  |
| Who Must File: All issues making an offering of securities in reliance on an exemp U.S.C. 77d(6).                                | otion under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 |
| When To File A notice must be filed no later than 15 days after the first sale of security                                       |  |

it is due, on the date it was mailed by United States registered or certified mail to the address. Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (5-05)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 OF 10



|  |                       | A. BASIC ID                    | ENTIFICATION DATA               |   | <u> </u>                                  |
|--|-----------------------|--------------------------------|---------------------------------|---|---|
| 2. Enter the informat                                      | ion requested for t   | the following:                 | 10 1 <del>-</del>               |   |   |
| <ul> <li>Each promo</li> </ul>                             | ter of the issuer, if | the issuer has been organiz    | ed within the past five years   | ;                                       |   |
| <ul> <li>Each beneficissuer;</li> </ul>                    | cial owner having     | the power to vote or dispose   | e, or direct the vote or dispos | sition of, 10% or mo                    | re of a class of equity securities of the |
| <ul> <li>Each execut</li> </ul>                            | ive officer and dir   | ector of corporate issuers an  | d of corporate general and n    | nanaging partners of                    | partnership issuers; and                  |
| Each genera  | l and managing pa     | artner of partnership issuers. |                                 |   |   |
| Check Eox(es) that Apply:                                  | ☐ Promoter            | ☐ Beneficial Owner             | ■ Executive Officer             | ■ Director                              | ☐ General and/or<br>Managing Partner      |
| Full Name (Last name first,                                | if individual)        |                                |                                 |   |   |
| Welch, Jerry R.  |                       |                                |                                 |   |   |
| Business or Residence Addre                                | •                     |                                |                                 |   |   |
| 6015 31st Street East, Brad                                | lenton, F.L. 34203    |                                |                                 |   |   |
| Check Box(es) that Apply:                                  | ☐ Promoter            | ☐ Beneficial Owner             | ■ Executive Officer             | ☐ Director                              | ☐ General and/or Managing Partner         |
| Full Name (Last name first,                                | if individual)        |                                |                                 |   |   |
| Springer, Raymond P.                                       |                       |                                |                                 |   |   |
| Business or Residence Addre<br>6015 31st Street East, Brad |                       |                                | )                               |   |   |
|  |                       |                                |                                 |   | <del></del>                               |
| Check Box(es) that Apply:                                  | ☐ Promoter            | ☐ Beneficial Owner             | ☐ Executive Officer             | ☐ Director                              | ☐ General and/or  Managing Partner        |
| Full Name (Last name first,                                | if individual)        |                                |                                 |   |   |
| Business or Residence Addr                                 | ess (Number and S     | Street, City, State, Zip Code  |                                 |   |   |
| Check Box(es) that Apply:                                  | ☐ Promoter            | ☐ Beneficial Owner             | Executive Officer               | ☐ Director                              | ☐ General and/or<br>Managing Partner      |
| Full Name (Last name first,                                | if individual)        |                                |                                 |   |   |
| Davis, Daniel  |                       |                                |                                 |   |   |
| Business or Residence Addre                                |                       | -                              | )                               |   |   |
| 6015 31st Street East, Brad                                | lenton, FL 34203      | ,                              |                                 |   |   |
| Check Box(es) that Apply:                                  | ☐ Promoter            | Beneficial Owner               | ☐ Executive Officer             | ☑ Director                              | ☐ General and/or Managing Partner         |
| Full Name (Last name first,                                | if individual)        |                                |                                 |   |   |
| Wildes, Clifford   |                       |                                |                                 |   |   |
| Business or Residence Address                              |                       |                                | )                               |   |   |
| 6015 31st Street East, Brad                                |                       |                                | · · · <u>-</u>                  |   |   |
| Check Box(es) that Apply:                                  | ☐ Promoter            | ☐ Beneficial Owner             | ☐ Executive Officer             | ☑ Director                              | ☐ General and/or  Managing Partner        |
| Full Name (Last name first,                                | if individual)        |                                |                                 |   |   |
| Bond, Benjamin J.  |                       | 0: 0 : 2: 0 !                  |                                 |   |   |
| Business or Residence Addre<br>6015 31st Street East, Brad | ,                     |                                | )                               |   |   |
|  | •                     |                                |                                 |   |   |
| Check Box(es) that Apply:                                  | ☐ Promoter            | ☐ Beneficial Owner             | ☐ Executive Officer             | ☑ Director                              | General and/or Managing Partner           |
| Full Name (Last name first,                                | if individual)        |                                |                                 |   |   |
| Hudgins, Joseph  | (5) 4 1.0             | 0. 0. 0. 0.                    |                                 |   |   |
| Business or Residence Addre<br>6015 31st Street East, Brad | •                     | **                             | ,                               |   |   |
| -  |                       |                                |                                 |   |   |
| Check Box(es) that Apply:                                  | ☐ Promoter            | ☐ Beneficial Owner             | ☐ Executive Officer             | ☑ Director                              | ☐ General and/or  Managing Partner        |
| Full Name (Last name first,                                | if individual)        |                                |                                 | - · · · · · · · · · · · · · · · · · · · |   |
| Brewer, Mark   |                       |                                |                                 |   |   |
| Business or Residence Addr                                 | · ·                   |                                | )                               |   |   |
| 6015 31st Street East, Brad                                | ientun, FL 34203      | ,                              |                                 |   |   |

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|  |                      | A. BASIC ID                    | ENTIFICATION DATA               |                      |   |
|--|----------------------|--------------------------------|---------------------------------|----------------------|---|
|  | tion requested for   |                                |                                 |                      |   |
| •  |                      |                                | ed within the past five years   |                      |   |
| <ul> <li>Each benefit issuer;</li> </ul>         | cial owner having    | the power to vote or dispose   | e, or direct the vote or dispo- | sition of, 10% or mo | re of a class of equity securities of the |
|  | tive officer and dir | ector of corporate issuers an  | nd of corporate general and r   | nanaging partners of | partnership issuers; and                  |
| Each general                                     | al and managing pa   | artner of partnership issuers. |                                 |                      | <u></u>                                   |
| Check Box(es) that Apply:                        | ☐ Promoter           | ☐ Beneficial Owner             | ☐ Executive Officer             | ☑ Director           | ☐ General and/or<br>Managing Partner      |
| Full Name (Last name first,                      | if individual)       |                                |                                 |                      |   |
| Sandifer, Jr., Virgil Business or Residence Addr | and Oliverhand of    | Street City State Zin Code     | <u></u>                         |                      |   |
| 6015 31st Street East, Brac                      |                      |                                | )                               |                      |   |
|  |                      | ☐ Beneficial Owner             | ☐ Executive Officer             | ☐ Director           | ☐ General and/or                          |
| Check Box(es) that Apply:                        | ☐ Promoter           | Li Beneficial Owner            | □ Executive Officer             | Li Director          | Managing Partner                          |
| Full Name (Last name first,                      | if individual)       | -                              |                                 |                      |   |
|  |                      |                                |                                 |                      | · · · · · · · · · · · · · · · · · · ·     |
| Business or Residence Addr                       | ess (Number and S    | Street, City, State, Zip Code  | )                               |                      |   |
|  |                      | <b>D</b> D C 110               |                                 | D N                  | G C1                                      |
| Check Box(es) that Apply:                        | ☐ Promoter           | ☐ Beneficial Owner             | ☐ Executive Officer             | ☐ Director           | ☐ General and/or  Managing Partner        |
| Full Name (Last name first,                      | if individual)       |                                | * * * * * *                     | £-8,·,               | 111.                                      |
|  |                      |                                |                                 |                      |   |
| Business or Residence Addr                       | ess (Number and :    | Street, City, State, Zip Code  | )                               |                      |   |
|  |                      | <del> </del>                   |                                 |                      |   |
| Check Box(es) that Apply:                        | ☐ Promoter           | ☐ Beneficial Owner             | ☐ Executive Officer             | ☐ Director           | ☐ General and/or  Managing Partner        |
| Full Name (Last name first,                      | if individual)       |                                |                                 |                      |   |
|  |                      |                                |                                 |                      |   |
| Business or Residence Addr                       | ess (Number and !    | Street, City, State, Zip Code  | )                               |                      | <del></del>                               |
|  |                      |                                |                                 |                      |   |
| Check Box(es) that Apply:                        | ☐ Promoter           | ☐ Beneficial Owner             | ☐ Executive Officer             | ☐ Director           | ☐ General and/or  Managing Partner        |
| Full Name (Last name first,                      | if individual)       |                                |                                 |                      |   |
| , ,  |                      |                                |                                 |                      |   |
| Business or Residence Addr                       | ess (Number and      | Street, City, State, Zip Code  | )                               |                      |   |
|  |                      |                                |                                 |                      |   |
| Check Box(es) that Apply:                        | ☐ Promoter           | □ Beneficial Owner             | ☐ Executive Officer             | □ Director           | ☐ General and/or  Managing Partner        |
| Full Name (Last name first,                      | if individual)       |                                |                                 |                      | Managing Lartie                           |
| Tun Traine (200) haite From                      | 11. 11               |                                |                                 |                      |   |
| Business or Residence Addi                       | ress (Number and     | Street, City, State, Zip Code  | )                               |                      | 1. 11 11 11 11 11                         |
|  |                      |                                | _                               |                      |   |
| Check Box(es) that Apply:                        | ☐ Promoter           | ☐ Beneficial Owner             | ☐ Executive Officer             | ☐ Director           | ☐ General and/or                          |
| Full Name (Last name first,                      | if individual)       |                                |                                 |                      | Managing Partner                          |
| i un ivante (izast name inst,                    | ii iiidividaai)      |                                |                                 |                      |   |
| Business or Residence Addr                       | ress (Number and     | Street, City, State, Zip Code  | )                               |                      |   |
|  |                      |                                |                                 |                      |   |
| Check Box(es) that Apply:                        | ☐ Promoter           | ☐ Beneficial Owner             | ☐ Executive Officer             | ☐ Director           | ☐ General and/or                          |
| Eath Many Comments                               | (Cin. 4), (A )       |                                |                                 |                      | Managing Partner                          |
| Full Name (Last name first,                      | ii individual)       |                                |                                 |                      |   |
| Business or Residence Addi                       | ress (Number and     | Street, City, State, Zip Code  | )                               |                      |   |
|  |                      | • • •                          |                                 |                      |   |

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|             |   |  |   |  | B. INFOR                       | MATION                    | ABOUT O                               | FFERING                        |                                 |   |                       |           |                                       |
|-------------|---|--|---|--|--------------------------------|---------------------------|---------------------------------------|--------------------------------|---------------------------------|---|-----------------------|-----------|---------------------------------------|
| 1.          | Has the is  | suer sold, or  | does the iss  | uer intend to                              | o sell, to nor                 | n-accredited              | investors in                          | this offering                  | g?                              |   |                       | Yes       | No<br>🗷                               |
|             | •   |  |   | Answer als                                 | o in Append                    | lix, Column               | 2, if filing t                        | inder ULOE                     |                                 |   |                       |           |                                       |
| 2.          | What is the minimum investment that will be accepted from any individual? |  |   |  |                                |                           |                                       |                                |                                 |   | <u>N</u> /            | <u>'A</u> |                                       |
| 3.          | 3. Does the offering permit joint ownership of a single unit?             |  |   |  |                                |                           |                                       |                                |                                 |   | Yes                   | No<br>⊯   |                                       |
| 4.          | similar rei<br>an associa<br>broker or<br>informatio                      | numeration to<br>sted person of<br>dealer. If mo<br>on for that be | for solication<br>or agent of a<br>ore than five<br>roker or deal | of purchase<br>broker or de<br>(5) persons | ers in conne<br>caler register | ction with stred with the | ales of secur<br>SEC and/or           | ities in the o<br>with a state | ffering. If a<br>or states, lis | ly, any comina person to be the name of the name of the name of the name of the the name of the the name of the the name of the | e listed is<br>of the |           |                                       |
| Full Na     | ırne (Last nan  | ne first, if in  | dividual)   |  |                                |                           |                                       |                                |                                 |   |                       |           |                                       |
| Busine      | ss or Residen   | ce Address (   | Number and  | l Street, City                             | y, State, Zip                  | Code)                     |                                       |                                |                                 |   |                       |           |                                       |
| Name o      | of Associated   | Broker or D  | )ealer  |  |                                |                           | ··· · · · · · · · · · · · · · · · · · |                                |                                 |   |                       |           |                                       |
| States i    | n Which Pers  | on Listed H  | as Solicited  | or Intends to                              | o Solicit Pur                  | chasers                   |                                       |                                |                                 |   |                       |           |                                       |
|             | (Check "/   | All States" o  | r check indi  | idual States                               | i)                             |                           |                                       |                                |                                 |   |                       | ☐ All S   | States                                |
|             | AL  | AK   | ΑZ  | AR   | CA                             | co                        | CT.                                   | DE                             | DC                              | FL  | GA                    | н         | ID                                    |
|             | II.   | []N  | IA  | KS   | KY                             | I.A                       | ME                                    | MD                             | MA                              | MI  | MN                    | MS        | МО                                    |
|             | MT  | NÉ   | NV  | NH   | NJ                             | NM                        | NY                                    | NC                             | ND                              | ОН  | ОК                    | OR        | PA                                    |
|             | RI  | SC   | SD  | TN   | TX                             | UT                        | VT                                    | VA                             | WA                              | wv  | WI                    | WY        | PR                                    |
| Full Na     | ıme (Last nan   | ne first, if in  | dividual)   |  |                                |                           |                                       |                                |                                 |   |                       |           | · · · · · · · · · · · · · · · · · · · |
| <del></del> |   |  |   |  |                                | <del></del>               |                                       |                                |                                 |   |                       |           |                                       |
| Busine      | ss or Residen   | ce Address (   | Number and  | Street, City                               | y, State, Zip                  | Code)                     |                                       |                                |                                 |   |                       |           |                                       |
| Name o      | of Associated   | Broker or E  | Dealer  |  |                                |                           |                                       |                                |                                 |   |                       |           |                                       |
| States i    | n Which Pers  | on Listed H  | as Solicited  | or Intends to                              | o Solicit Pur                  | chasers                   |                                       |                                |                                 |   |                       |           |                                       |
|             | (Check "/   | All States" o  | r check indi  | vidual States                              | s)                             |                           |                                       |                                |                                 |   |                       | □ All S   | itates                                |
|             | AL  | AK   | AZ  | AR   | CA                             | co                        | СТ                                    | DE                             | DC                              | FL  | GA                    | Н         | ID                                    |
|             | IL  | IN   | IA  | KS   | KY                             | LA                        | ME                                    | MD                             | MA                              | MI  | MN                    | MS        | МО                                    |
|             | MT  | NE   | NV  | NH   | NJ                             | NM                        | NY                                    | NC                             | ND                              | ОН  | ОК                    | OR        | PA                                    |
|             | RI  | SC   | SD  | TN   | TX                             | UT                        | VT                                    | VA                             | WA                              | wv  | WI                    | WY        | PR                                    |
| Full Na     | ime (Last nan   | ne first, if in  | dividual)   |  |                                |                           |                                       |                                |                                 |   |                       | <u> </u>  |                                       |
| Busine      | ss or Residen   | ce Address (   | Number and  | Street, City                               | y, State, Zip                  | Code)                     |                                       |                                |                                 |   |                       |           |                                       |
| Name e      | of Associated   | Broker or E  | Dealer  | <del></del>                                |                                |                           |                                       |                                |                                 |   |                       |           |                                       |
|             |   |  |   |  |                                |                           |                                       |                                |                                 |   |                       |           |                                       |
| States i    | in Which Pers   |  | as Solicited<br>r check indi                                      |  |                                |                           |                                       |                                |                                 |   |                       | ☐ All S   | States                                |
|             | <u> </u>  |  |   | _  |                                |                           | ( <del>-</del> -                      | DE                             | DC                              | FL  | GA                    | HI        | ID                                    |
|             | [AL]  | [AK]   | ΛZ  | [AR]                                       | [CA]                           | [CO]                      | СТ                                    | DE                             |                                 |   |                       |           |                                       |
|             | [IL]  | [N]  | [A]   | KS   | [KY]                           | LA                        | ME                                    | MD                             | MA                              | MI  | MN                    | MS        | МО                                    |
|             | МТ  | NE   | NV  | NH   | NJ                             | NM                        | YN                                    | NC                             | ND                              | ОН  | ОК                    | OR        | PA                                    |
|             | RI  | SC   | SD  | TN   | TX                             | UT                        | VT                                    | VA                             | W۸                              | wv  | WI                    | WY        | PR                                    |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P   | ROCEEDS                     |   |  |
|----|---|-----------------------------|---|--|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold.  Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                             |   |  |
|    | Types of Security   | Aggregate<br>Offering Price |   | Amount Already<br>Sold                     |
|    | Debt  |                             | - | \$   |
|    | Equity  |                             |   | \$S  |
|    | □ Common ☑ Preferred  | 3/132/1/30                  |   | <b>J</b>                                   |
|    | Convertible Securities (including warrants)   | ¢                           |   | \$   |
|    |   |                             |   | \$<br>\$                                   |
|    | Partnership Interests   |                             |   | \$   |
|    | Other (Specify)   |                             |   | <del></del>                                |
|    | Total   | \$ <u>9,327,930</u>         |   | \$ <u>9,327,930</u>                        |
|    | * \$4,000,000 of the Series A Convertible Preferred Stock was purchased by cash payment. \$5,327,930 of the Series A Convertible Preferred Stock was issued in exchange for outstanding Senior Secured Convertible Promissory Notes. Each share of the Series A Convertible Preferred Stock is convertible into the issuer's common stock at a conversion price of \$1.00 a share.              |                             |   |  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."                      |                             |   |  |
|    |   | Number<br>Investors         |   | Aggregate<br>Dollar Amount<br>of Purchases |
|    | Accredited Investors  | 34                          |   | \$ <u>9,327,930</u>                        |
|    | Non-accredited Investors  |                             |   | \$   |
|    | Total (for filings under Rule 504 only)   |                             |   | <b>S</b>                                   |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |                             |   |  |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.  |                             |   |  |
|    | Type of Offering NOT APPLICABLE   | Type of Security            |   | Dollar Amount<br>Sold                      |
|    | Rule 505  |                             |   | \$   |
|    | Regulation A  | <del></del>                 |   | \$   |
|    | Rule 504  |                             |   | \$   |
|    | Total   |                             |   | \$   |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in<br>this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may<br>be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an<br>estimate and check the box to the left of the estimate. |                             |   |  |
|    | Transfer Agent's Fees   |                             |   | \$   |
|    | Printing and Engraving Costs  |                             |   | \$   |
|    | Legal Fees  |                             | × | \$ <u>25,000</u>                           |
|    | Accounting Fees   |                             | × | \$ <u>15,000</u>                           |
|    | Engineering Fees  |                             |   | \$   |
|    | Sales Commissions (specify finders' fees separately)  |                             |   | \$   |
|    | Other Expenses (identify)   |                             |   | \$   |
|    | Total   |                             | × | \$40,000                                   |

| C. OFFERING PRICE, N   | TUMBER OF INVESTORS, EXPENSES AND USE OF  | PROCEEDS   |  |
|--|---|--|--|
| b. Enter the difference between the aggregate<br>and total expenses furnished in response to Pa<br>proceeds to   | offering price given in response to Part C – Question 1 rt C – Question 4.a. This difference is the "adjusted gross   |  | \$ <u>9,287,000</u>                        |
| each of the purposes shown. If the amount for  | ss proceed to the issuer used or proposed to be used for rany purpose is not known, furnish an estimate and check of the payments listed must equal the adjusted gross Part C - Question 4.b above. |  |  |
|  |   | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to Others                         |
| Salaries and fees  |   | □ s  | □ \$                                       |
| Purchase of real estate  |   | □ <b>\$</b>  | □ s  |
| Purchase, rental or leasing and installation of and equipment  | machinery   | □ \$   | □ \$                                       |
| Construction or leasing of plant buildings and   | □ \$  | □ \$   |  |
| Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger   |   | □ s  | □ \$                                       |
| Repayment of indebtedness  |   | □ s  | _ <u></u>                                  |
| Working capital  |   | □ s  | ⊠ \$9,287,000                              |
| Other (specify):   |   | □ \$   |  |
|  |   | □ s <u></u>  | s  |
| Column Totals  |   | □ <b>s</b>   | <b>≤</b> \$ <u>9,287,000</u>               |
| Total Payments Listed (column totals added) .  |   | ₽ \$   | 9,287,000                                  |
|  | D. FEDERAL SIGNATURE  |  |  |
| The issuer has duly caused this notice to be signed by the constitutes an undertaking by the issuer to furnish to the by the issuer to any non-accredited investor pursuant to p | e undersigned duly authorized person. If this notice is filed un<br>U.S. Securities and Exchange Commission, upon written requ<br>paragraph (b)(2) of Rule 502.                                     | der Rule 505, the fest of its staff, the i             | ollowing signature<br>nformation furnished |
| Issuer (Print or Type)   | Signature   | Date   |  |
| nFinanSe Inc.  | K. F. Amunia  | 1.10.  | 07   |
| Name of Signer (Print or Type)   | Title of Signer (Print of Type)   |  | ·  |
| Raymond P. Springer  | Chief Financial Officer   |  |  |

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|       |  |                     |  | , API                                | PENDIX    | ·············   |        |              |     |  |
|-------|--|---------------------|--|--------------------------------------|-----------|---|--------|--------------|-----|--|
| 1     | 7  | 2                   | 3  | 4                                    |           |   |        |              |     |  |
|       | Intend to<br>non-accommodates<br>investors<br>(Part B- | redited<br>in State | Type of Security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      |           | Disqualification<br>under State ULOE<br>(if yes, attach<br>explanation of<br>waiver granted)<br>(Part E-Item 1) |        |              |     |  |
| State | Yes No   |                     | \$4,000,000 Series<br>A Convertible<br>Preferred Stock                                     | Number of<br>Accredited<br>Investors | Amount    | Number of<br>Non-Accredited<br>Investors  | Amount | Yes          | No  |  |
| AL    |  |                     |  |                                      |           |   |        |              |     |  |
| AK    |  |                     |  |                                      |           |   |        |              |     |  |
| ΛŻ    |  |                     |  |                                      |           |   |        |              |     |  |
| AR    |  |                     |  |                                      |           |   |        |              |     |  |
| СА    |  | X                   | be 98  | 2                                    | \$942,618 |   |        |              |     |  |
| СО    |  |                     | _  |                                      |           |   |        |              |     |  |
| CT    |  |                     |  |                                      |           |   |        |              |     |  |
| DE    |  |                     |  |                                      |           |   |        |              |     |  |
| DC    |  |                     |  |                                      |           |   |        |              |     |  |
| FL    |  |                     | -  |                                      |           |   |        |              | 1." |  |
| GA    |  |                     |  |                                      |           |   |        |              |     |  |
| HI    |  |                     |  |                                      |           |   |        |              |     |  |
| ID    |  |                     |  | · · · ·                              |           |   |        |              |     |  |
| īL.   |  |                     |  |                                      |           |   |        |              |     |  |
| IN    |  |                     |  |                                      |           |   |        |              |     |  |
| lΑ    |  |                     |  |                                      |           |   |        |              |     |  |
| KS    |  |                     |  |                                      |           |   |        |              |     |  |
| KY    |  |                     |  |                                      |           |   |        |              |     |  |
| LΛ    |  |                     |  |                                      |           |   |        |              |     |  |
| ME    |  |                     |  |                                      |           |   |        |              |     |  |
| MD    |  |                     |  |                                      |           |   |        | 1            |     |  |
| МА    |  |                     |  |                                      |           |   |        |              |     |  |
| MI    | 1  |                     |  |                                      |           |   |        |              |     |  |
| MN    |  |                     |  |                                      |           |   |        |              | -   |  |
| MS    |  |                     |  |                                      |           |   |        | <del> </del> |     |  |

| •     |     |           |  | AP  | PENDIX   |                                    |        |     |    |
|-------|-----|-----------|--|---|--|------------------------------------|--------|-----|----|
| 1     |     | o sell to | Type of Security and aggregate offering price offered in state (Part C-Item 1) | Disquali<br>under Stat<br>(if yes,<br>explana | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) |                                    |        |     |    |
| State | Yes | No        | \$4,000,000 Series<br>A Convertible<br>Preferred Stock                         | Number of<br>Accredited<br>Investors          | Amount   | Number of Non-Accredited Investors | Amount | Yes | No |
| мо    |     |           |  |   |  |                                    |        |     |    |
| МТ    |     |           |  |   |  |                                    |        |     |    |
| NE    |     |           |  |   |  |                                    | -      |     |    |
| NV    |     | -         |  |   |  |                                    |        |     |    |
| NH    |     |           |  |   |  |                                    |        |     |    |
| ŊĴ    |     |           |  |   |  |                                    |        |     |    |
| NM    |     |           |  |   |  |                                    |        |     |    |
| NY    |     |           |  |   |  |                                    |        |     |    |
| NC    |     |           |  |   |  |                                    |        |     |    |
| ND    |     |           |  |   |  |                                    |        |     |    |
| ОН    |     |           |  |   |  |                                    |        |     |    |
| ОК    |     |           |  |   |  |                                    |        |     |    |
| OR    |     |           |  |   |  |                                    |        |     |    |
| PA    |     | х         | 36 66  | 30  | \$7,433,174  |                                    |        |     |    |
| RI    |     |           |  |   |  |                                    |        |     |    |
| SC    |     |           |  |   |  |                                    |        |     |    |
| SD    |     |           |  |   |  |                                    |        |     |    |
| TN    |     |           |  |   |  |                                    |        |     |    |
| TX    |     | х         |  | 1   | \$852,138  |                                    |        |     |    |
| UT    |     |           |  |   |  |                                    |        |     |    |
| VT    |     |           |  |   |  |                                    |        |     |    |
| VA    |     |           |  |   |  |                                    |        |     |    |
| WA    |     |           |  |   |  |                                    |        |     |    |
| wv    |     |           |  |   |  |                                    |        |     |    |
| WI    |     |           |  |   |  |                                    |        |     |    |

|       |  |    |  | API                                  | PENDIX  |  |        |     |    |
|-------|--|----|--|--------------------------------------|---|--|--------|-----|----|
| i     | 1  | 2  | 3  |                                      |   | 4  |        | 5   | i  |
|       | Intend to sell to<br>non-accredited<br>investors in State<br>(Part B-Item 1) |    | Type of Security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Disqualification<br>under State ULOE<br>(if yes, attach<br>explanation of<br>waiver granted)<br>(Part E-Item 1) |  |        |     |    |
| State | Yes  | No | \$4,000,000 Series<br>A Convertible<br>Preferred Stock                                     | Number of<br>Accredited<br>Investors | Amount  | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No |
| WY    |  |    |  |                                      |   |  |        |     |    |
| PR    |  |    |  |                                      |   |  |        |     |    |

One accredited international investor purchased \$100,000 of the Series A Convertible Preferred Stock.